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TO: U.S. Patent and Trademark Office
Examiner: Nathan Jeffrey Newhouse Group: 3727
Fax #703-872-9306

FROM: John F. Salazar, Reg. No. 39,353

DATE: April 15, 2004

PAGES: 17 in total (including cover sheet)

RE: U.S. Patent Application No. 09/933,919
Attorney Docket No. CG-614 CIP

Remarks: This facsimile is a response to the Final Office Action having a mailing date of October 21, 2003.

Enclosed is:

- (1) Transmittal Form;
- (2) Amendment B under 37 CFR 1.113;
- (3) Request for Continued Examination;
- (4) Fee Transmittal Form;
- (5) Credit Card Payment Form.

CERTIFICATE OF FACSIMILE TRANSMISSION UNDER 37 CFR § 1.8

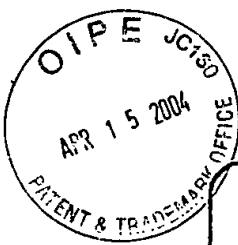
I hereby certify that this paper is being facsimiled transmitted to the United States Patent and Trademark Office on the date shown below.

Lynn Minton, Paralegal
Person Signing

Signature

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PTO/SB/21 (02-04) Approved for use through 07/31/2006, OMB 0651-0091

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

TRANSMITTAL FORM

(To be used for all correspondence after filing)

Total Number of Pages in This Submission

Application Number	09/933,919
Filing Date	08/21/2001
First Named Inventor	SPRICK
Art Unit	3727
Examiner Name	NEWHOUSE
Attorney Docket Number	CG-614 CIP

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavit/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Remarks	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): REQUEST FOR CONTINUED EXAMINATION: FACSIMILE TRANSMITTAL FORM

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or individual name JOHN P. SACAZAR, Reg. No. 39,353

Signature

Date 04/15/2004

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name LYNN MINTON

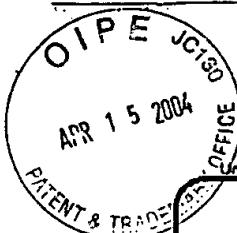
Signature

Date

04/15/2004

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to be (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT	(\$) \$1824.00
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Complete if Known	
Application Number	09/933,919
Filing Date	08/21/2001
First Named Inventor	SPRICK
Examiner Name	NEWHOUSE
Art Unit	3727
Attorney Docket No.	CG-614 CIP

METHOD OF PAYMENT (check all that apply)

Check Credit card Money Order Other None

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Deposit Account Number	
Deposit Account Name	

The Director is authorized to: (check all that apply)

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 Charge any additional fee(s) or any underpayment of fee(s)
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
1001 770	2001 385	Utility filing fee	
1002 340	2002 170	Design filing fee	
1003 530	2003 265	Plant filing fee	
1004 770	2004 385	Reissue filing fee	
1005 160	2005 80	Provisional filing fee	
SUBTOTAL (1) (\$)		0	

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Independent Claims	Multiple Dependent	Extra Claims		Fee from below	Fee Paid
			22	-20** = 2	2 X 18	= 36
	6	" -3" = 1			6	6
*ALREADY PAID FOR ONE EXTRA CLAIM FOR ONE EXTRA INDEPENDENT CLAIM						
Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	THE APPLICATION WAS ORIGINALLY FILED				
1202 18	2202 9	Claims in excess of 20				
1201 86	2201 43	Independent claims in excess of 3				
1203 290	2203 145	Multiple dependent claim, if not paid				
1204 86	2204 43	** Reissue independent claims over original patent				
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent				
SUBTOTAL (2) (\$)		104.00				

*or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
1051 130	2051 65	Surcharge - late filing fee or oath	
1052 50	2052 25	Surcharge - late provisional filing fee or cover sheet	
1053 130	1053 130	Non-English specification	
1812 2,520	1812 2,520	For filing a request for ex parte reexamination	
1804 920*	1804 920*	Requesting publication of SIR prior to Examiner action	
1805 1,840*	1805 1,840*	Requesting publication of SIR after Examiner action	
1251 110	2251 55	Extension for reply within first month	
1252 420	2252 210	Extension for reply within second month	950.00
1253 950	2253 475	Extension for reply within third month	
1254 1,480	2254 740	Extension for reply within fourth month	
1255 2,010	2255 1,005	Extension for reply within fifth month	
1401 330	2401 165	Notice of Appeal	
1402 330	2402 165	Filing a brief in support of an appeal	
1403 290	2403 145	Request for oral hearing	
1451 1,510	1451 1,510	Petition to institute a public use proceeding	
1452 110	2452 55	Petition to revive - unavoidable	
1453 1,350	2453 685	Petition to revive - unintentional	
1501 1,330	2501 685	Utility issue fee (or release)	
1502 480	2502 240	Design issue fee	
1503 640	2503 320	Plant issue fee	
1460 130	1460 130	Petitions to the Commissioner	
WREN 50	1807 50	Processing fee under 37 CFR 1.17(q)	
FILED 180	1806 180	Submission of Information Disclosure Stmt	
8021 40	8021 40	Recording each patent assignment per property (times number of properties)	
1809 770	2809 385	Filing a submission after final rejection (37 CFR 1.129(a))	
1810 770	2810 385	For each additional invention to be examined (37 CFR 1.129(b))	
1801 770	2801 385	Request for Continued Examination (RCE)	770.00
1802 900	1802 900	Request for expedited examination of a design application	
Other fee (specify)			
*Reduced by Basic Filing Fee Paid		SUBTOTAL (3) (\$)	1720.00

SUBMITTED BY		(Complete if applicable)		
Name (Print/Type)	JOHN F. SALAZAR	Registration No. (Attorney/Agent)	39,353	Telephone (502) 584-1155
Signature		Date	04/15/2004	

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